

P00000041361

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DIVERSIFIED HEALTHCARE BILLING SERVICES, INC.

(Proposed corporate name - must include suffix)

300003219553--6
-04/24/00--01021--007
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$78.75

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Milagros Fernandez
Name (Printed or typed)

27553 S Dixie Hwy
Address

Homestead, FL 33032
City, State & Zip

305-242-7174
Daytime Telephone number

FILED
00 APR 21 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

08/4/25

ARTICLES OF INCORPORATION
OF
DIVERSIFIED HEALTHCARE BILLING SERVICES, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract,
hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

DIVERSIFIED HEALTHCARE BILLING SERVICES, INC.

The principal place of business of this corporation shall be at:

1730 SW 1st AVENUE
MIAMI, FL 33129

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws
of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. TERM OF EXISTENCE

This corporation shall exist perpetually.

ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one
time is 500 shares of common stock having no par value per share. All stock when issued shall be fully
paid and non-assessable. The entire capital stock, or any portion thereof, may be paid for in cash, property,
labor or services, or a consideration having a value in the judgment of the Board of Directors of the
corporation at least equal to the full value of the stock so to be issued.

ARTICLE V. ADDRESS

The street address of the initial registered office of the corporation shall be 27553 S. DIXIE HWY
Homestead, Florida 33032 and the name of the initial registered agent of the corporation at that address is
MILAGROS FERNANDEZ.

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ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have ONE officer and director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until successors are elected or appointed is:

BARBARA REGALADO
1730 SW 1ST AVENUE
MIAMI, FLORIDA 33129

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MILAGROS FERNANDEZ, 27553 S. DIXIE HWY, MIAMI, FLORIDA 33032.

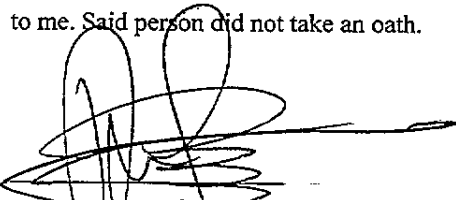
IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 10th day of April, 2000.


MILAGROS FERNANDEZ


STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before me this 10th day of April, 2000, by MILAGROS FERNANDEZ who produced _____ as identification or is personally known to me. Said person did not take an oath.


Notary Public, State of Florida at Large

My Commission Expires: 5/11/03

 Heman A Fernandez
My Commission CC835943
Expires May 11, 2003

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in compliance with said Act:
DIVERSIFIED HEALTHCARE BILLING SERVICES, INC., desiring to organize under the laws of the
State of Florida, with its principal office, as indicated in the Articles of Incorporation, at Miami, County of
Dade, State of Florida, has named MILAGROS FERNANDEZ, 27553 S. Dixie Hwy, Miami, Florida
33032 as its agent to accept service of process within the state.


INCORPORATER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGEMENT BY DESIGNATED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in
this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act
relative to keeping open said office.


MILAGROS FERNANDEZ